

Name
in
Full

Elizabeth Ballard

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ashland</u> <small>Town</small> <u>Somerset</u> <small>County</small>					MARYLAND	
Date of death 1903	Month 9	Day 10	Years Ago 76		Months	Days
Sex Female	Color or Race White	Birth-place Maryland				
Married, Single or Widowed Widower	Occupation D. J. Ballard					
Name of Wife or Husband Henry Maddot	Father's Birthplace Md.					
Father's Name Henry Maddot	Mother's Birthplace "					
Mother's Maiden Name Angie Turpin	How related to deceased Cousin					
Name of person giving Information D. J. Maddot						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

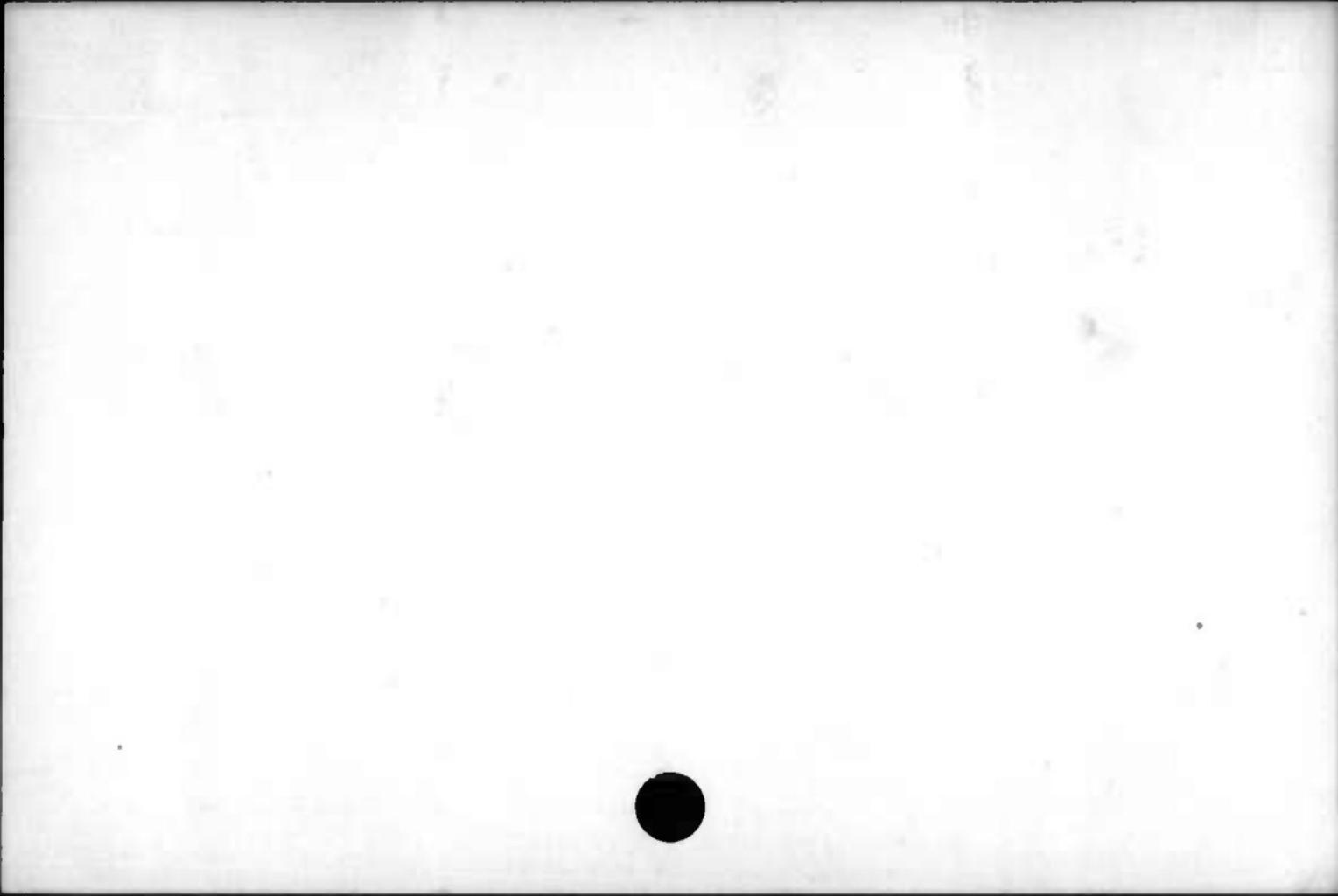
Primary	Digestive	How long	1 day
Immediate	Heart Trouble	How long	1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mary F. Briddel

CERTIFICATE OF DEATH

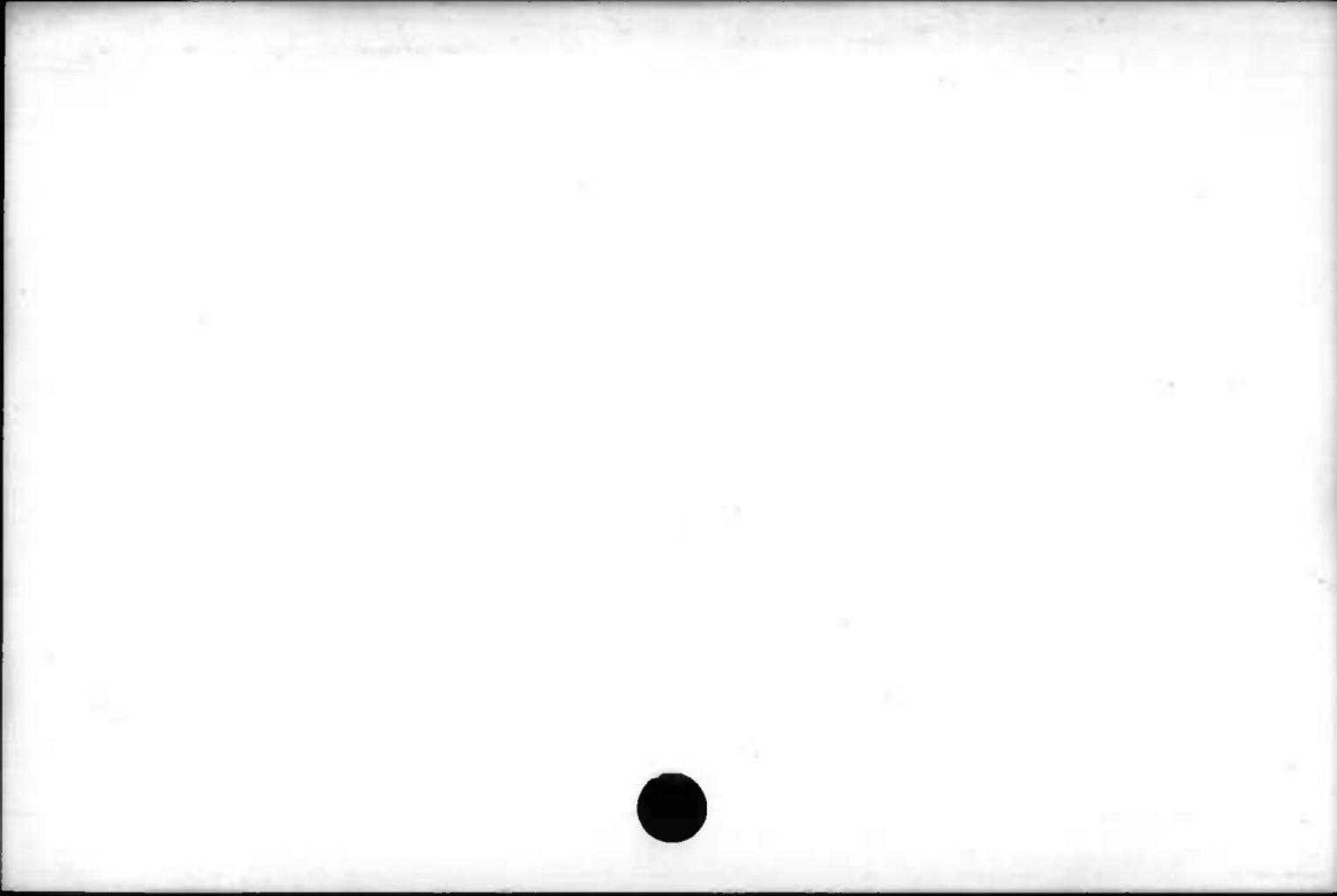
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3 Sept	6	Age 52	-	-	-
Sex Female	Color or Race white	Birth-place Somerset Md	Somerset Co.		
Married, Single or Widowed Married	Occupation				
Name of Wife or Husband Emerson Briddel					
Father's Name Liddleton Bloodsworth	Father's Birthplace Md				
Mother's Maiden Name Lucresa Myrle	Mother's Birthplace Md				
Name of person giving information Tom Bloodsworth	How related to deceased Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of Uterus		How long 2 yrs	
Immediate	Exhaustion		How long 4 weeks	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician R. L. Staggs M.D.		
		Address	Oriole P. O. Md	
Accident or Suicide?	No			



Name
in
Full

Thomas Burke. ~1903~

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Hopewell Sta.	Somerset		MARYLAND		
Date of death 1903	Month Sept	Day 12	Age 95	Years	Months Days
Sex Male	Color or Race Block	Occupation Laborer			
Married, Single or Widowed	Married	Julia Burke	Father's Name	Unknown	
Name of Wife or Husband		Unknown	Father's Birthplace	Unknown	
Father's Name		"	Mother's Birthplace	"	
Mother's Maiden Name		65'	How related to deceased	Wife	
Name of person giving Information	Julia Burke				
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary Paresis. How long

Immediate Senility. How long

Are the name, age, sex, color, date and place correctly given above?

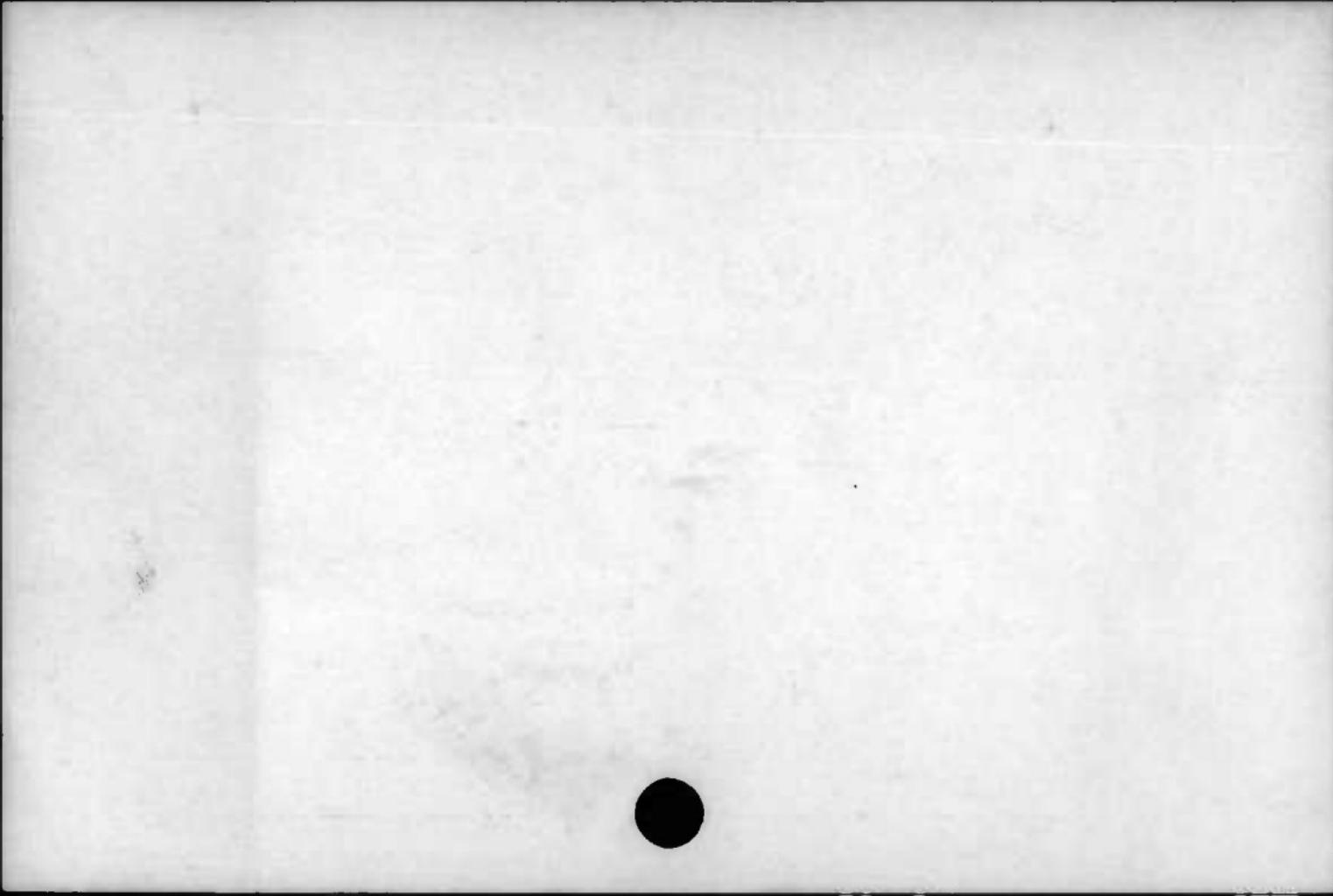
yes

Signature of Physician

Address

W. H. Coulbourn,
Crisfield, Md.

Accident or Suicide?



Name
in
Full

George Cottman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 3 Sept	Day 9	Age 06	Years —	Months — Days —
Sex male	Color or Race Black	Birth-place Md			
Married, Single or Widowed Widower	Occupation Farmer				
Name of Wife or Husband Lehr					
Father's Name —				Father's Birthplace —	
Mother's Maiden Name —				Mother's Birthplace —	
Name of person giving information St. J. Smith				How related to deceased Friend	

CAUSES OF DEATH

Primary	Senile Decay	How long —
Immediate	Paralysis	How long —
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician B. L. Stayt
		Address Oriole P.O., Md.
Accident or Suicide?		



Lebanes Dennis

Town

County

Died at Kingston

Y. M. D. Native of
Somerset

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 26

Age

8WidowMod.Divorced

Male

MarriedSingleWidower

Number of children living

Father

Colored

Husband of

Wife

Father's Name

Enoch Dennis

Mother's Name

Wester A. Dennis

Cause of Death

Primary

bold

How long sick

7-8 days

Immediate

Diarrhoea

Accident, Suicide, Homicide

Reported by

G. W. Gill, M.D.

Address

Moanstein



Mod.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Caroline Dige

Town

County

Died at

Crownfield Somerset

MARYLAND

Date 1903

Month 9 Day 17

Y. M. D.

Native of

Occupation

~~M~~ale

Age 76 —

Md

Female

White

Married

Widow

Colored

Single

Widower

Divorced

none

Husband of

Wife

Mother's
NameFather's
Name

Cause of

Primary

Pulmonary Consumption

How long sick

two year

Death

Immediate

Drathorn

Accident, Suicide, Homicide

Reported by

W. J. Hall

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Clara Belle Dryden						CERTIFICATE OF DEATH	
To BE ANSWERED BY NEAREST FRIEND	Died at	Town	County				
	Date of death 190	3 Sept.	Month Day	Age	Years	Months	Days
Sex	Female	Color or Race	Birth-place			Cokesbury	
Married, Single or Widowed	Married	Occupation	Domestic				
Name of Wife or Husband	Wood F. Dryden			Father's Birthplace			Cokesbury
Father's Name	Clyde Miles			Mother's Birthplace			"
Mother's Maiden Name	Mary Anne			How related to deceased			Husband
Name of person giving Information	Wood F. Dryden						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility + Laugitis	How long	4 Month
Immediate	Meningitis Subacute	How long	6 Days
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	P. Her. Haas
		Address	Baltimore City, Md.
Accident or Suicide?			



Name in Full

Certificate of Death

Yelver Dutton

Died at	Town	County	MARYLAND
	Mt Vernon	Somerset	
Date 1903	Month 9	Day 25	Native of Somerset Massner
	Age 18	Y. M. D.	Occupation
Male	White	Married	Widow
Female	Colored	Single	Widower
Husband of	Number of children living		
Wife			
Father's Name	Elisha Dutton	Mother's Maiden Name	Pellie King
Cause of Death	Primary Consumption	How long sick	months
	Immediate	Accident, Suicide, Homicide	

Reported by

Com. Pashell & Bros And.

Address

Mt Vernon Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.
of

Seen by Coroner
of

Information contained in this certificate
derived from
of

Barton M. Glohegan

Town Mt. Vernon County Somerset Co. MARYLAND

Died at

Date 1903Month 9 Day 15

Y. M.

D.

Native of

Occupation

Male

White

Age
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Jeff Gehegan Mother Sadie McDormon
 Maiden Name unknown

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

C.m. Dashiel & Bros OVER

Address

Mt. Vernon Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from C. M. Dashiel
of Mt Vernon

Name
in
Full

Mary Elizabeth Hale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Marion

Town County Somerset

MARYLAND

Date of death 1903

Month Sept.

Day 23

Years Age 33

Months

9 Days

Sex Female

Color or Race

White

Birth-place Somerset Co. Md.

Married, Single
or Widowed

Married

Occupation

House-wife

Name of Wife or Husband

Levin Henry Hale

Father's Name

Richard Cumberland Adams

Father's Birthplace

Maryland

Mother's Maiden Name

Susan Rebecca Beale

Mother's Birthplace

Virginia

Name of person giving information

Nellie Hale

How related to deceased

Aunt

CAUSES OF DEATH

Primary

Pulmonary & Intestinal Tuberculosis

How long

17 months

Immediate

Exhaustion

How long

200 days

Are the name, age, sex, color, date and place correctly given above?

yes

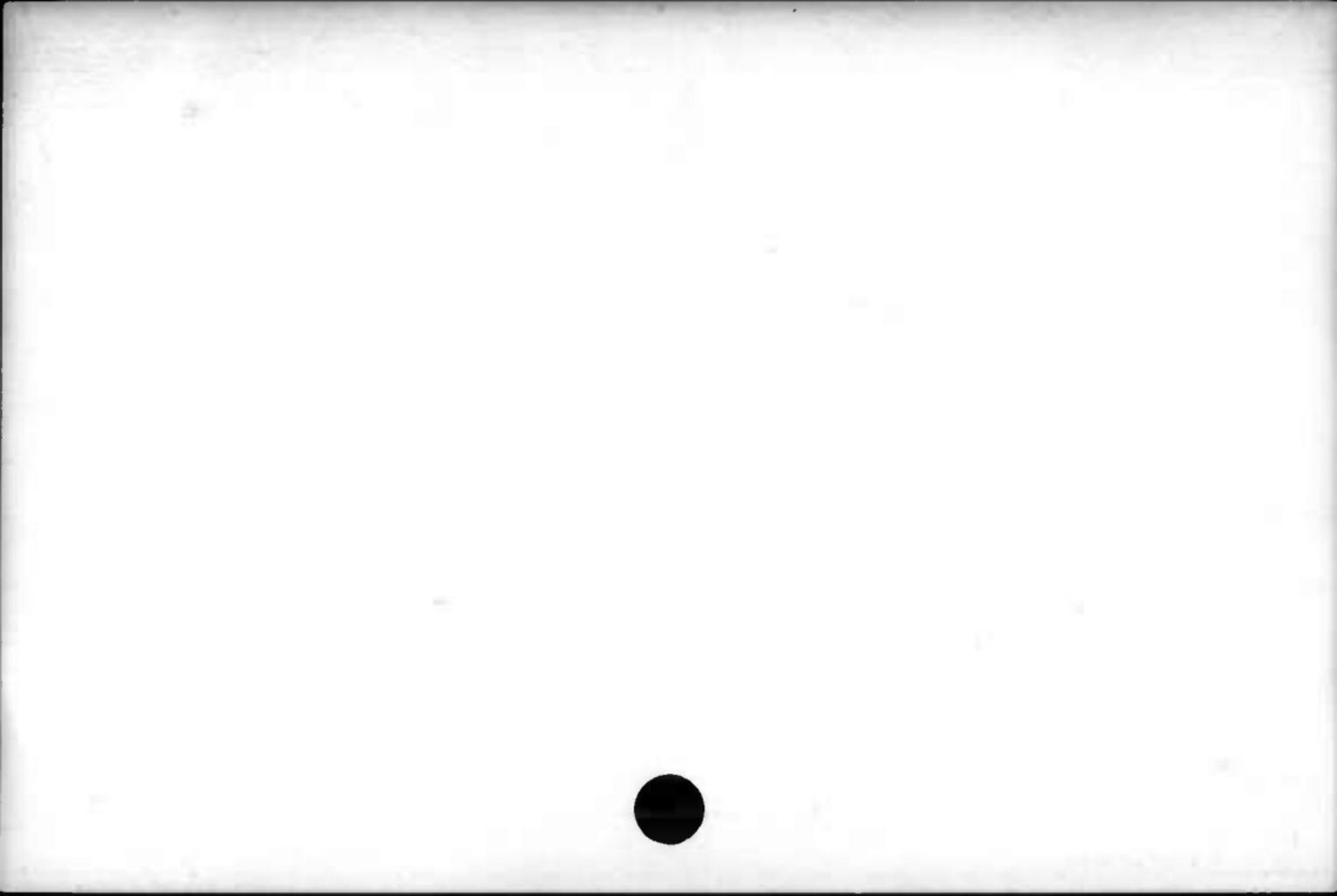
Signature of Physician

D.B. Brown M.D.

Address

Marion Station
Maryland

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

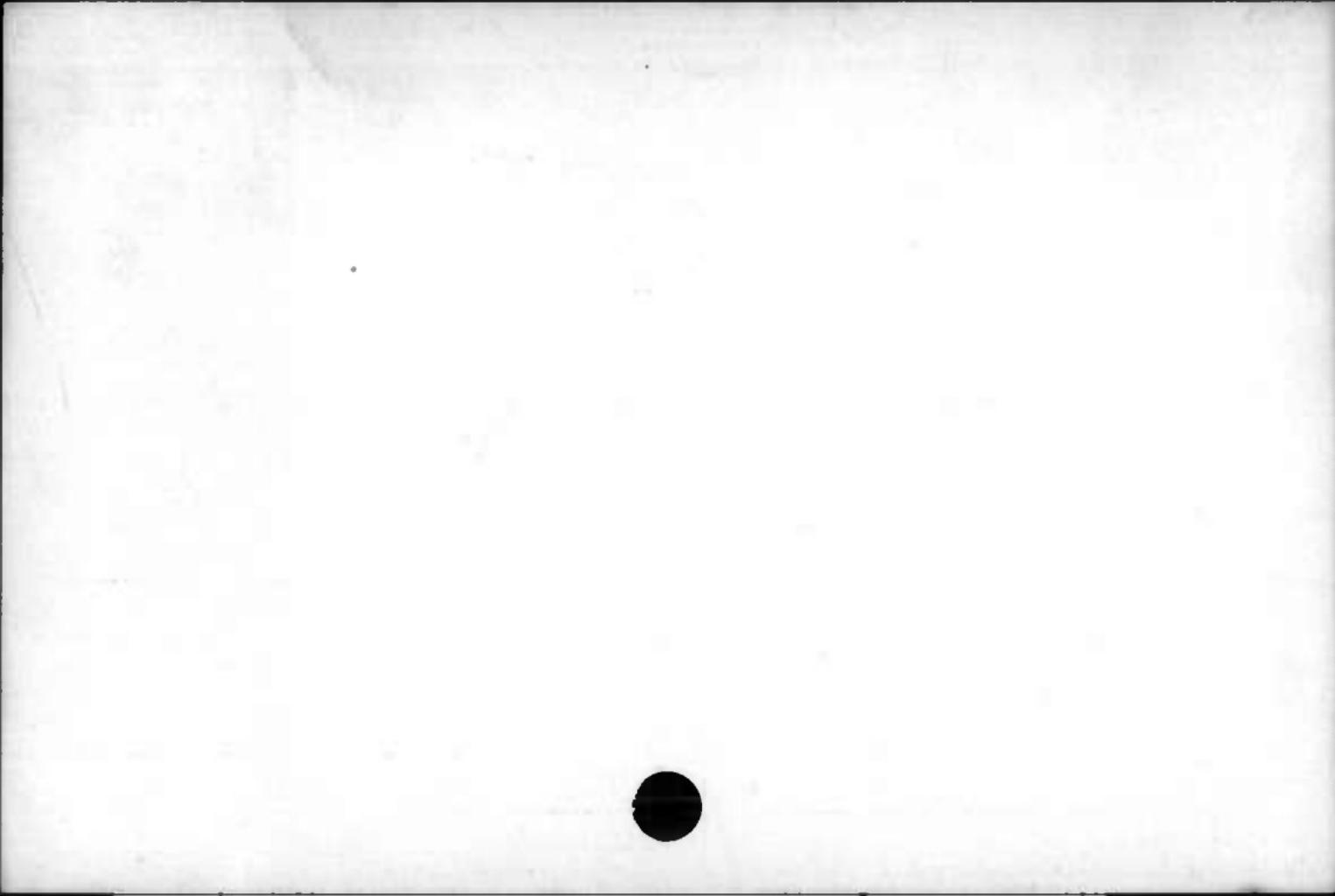
Fannie Hayward

CERTIFICATE OF DEATH

Died at <i>Cecil County Hospital</i>		Town	County <i>Somerset</i>		MARYLAND	
Date of death 1903	Month <i>Sept.</i>	Day <i>6</i>	Years <i>62</i>	Age	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>nd</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Hannah Hayward</i>						
Father's Name <i>Levi Hayward</i>		Father's Birthplace <i>nd</i>				
Mother's Maiden Name <i>Morrissey (Hayward)</i>		Mother's Birthplace <i>nd</i>				
Name of person giving Information <i>Hannah Hayward</i>		How related to deceased <i>wife</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Heart Disease (suppose)</i>	How long
	Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Smith</i>
		Address <i>(not available)</i>
Accident or Suicide?		



Chas Edward Jackson

Died at	Town Marumoco	County Somerset	MARYLAND
Date 1903	Month 9	Day 15	Y. 5 M. 2 D. 2
	Age	Native of Md	Occupation
	Male	Married	Widow
	Female	Colored	Divorced
		Single	<u>Number of children living</u>

Husband of

Wife

Father's Name

Peter JacksonMother's Maiden Name
Emma Green

Cause of

Primary

Croup

How long sick

6 days

Death

Immediate

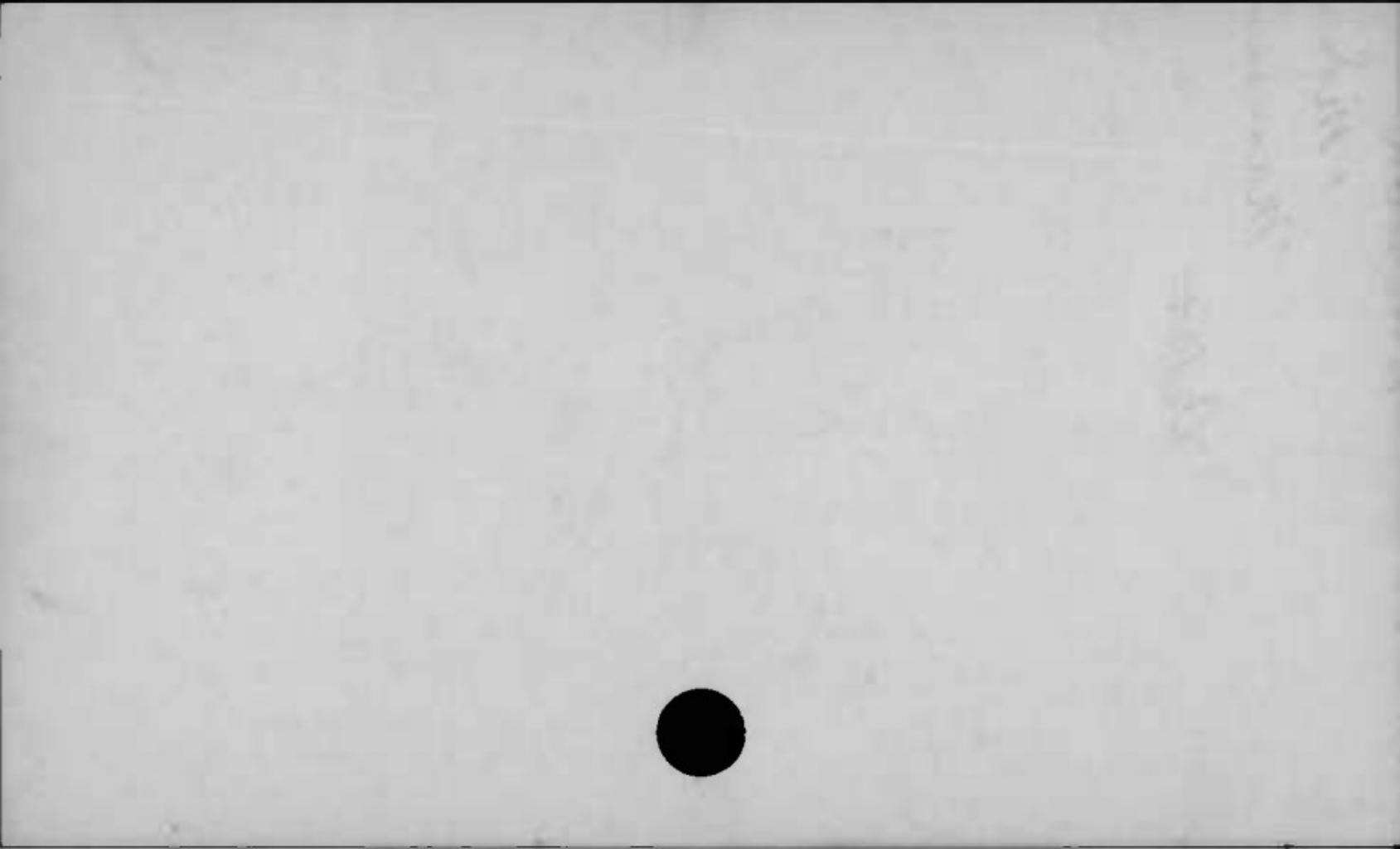
Strangled

Accident, Suicide, Homicide

Reported by

Marcilia Jackson and **Al Dixon**, Undertaker
Marumoco and **Maryon**, Md

Address



Name
in
Full

Matilda Francis Miles

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month Sept.	Day 11	Age 69	Years	Months 11	Days 20
Sex Female	Color or Race White			Birth-place Maryland		
Married, Single or Widowed Widow	Occupation		Residing on farm			
Name of Wife or Husband John Thomas Miles (Deed.)						
Father's Name Wm Cooston			Father's Birthplace Maryland			
Mother's Maiden Name Mary Miles			Mother's Birthplace Maryland			
Name of person giving information Roland L. Miles			How related to deceased Son			

CAUSES OF DEATH

Primary ~~Lymphoid~~ ~~Fever~~ with splenic enlargement How long three weeks
exhaustion How long 2 days

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

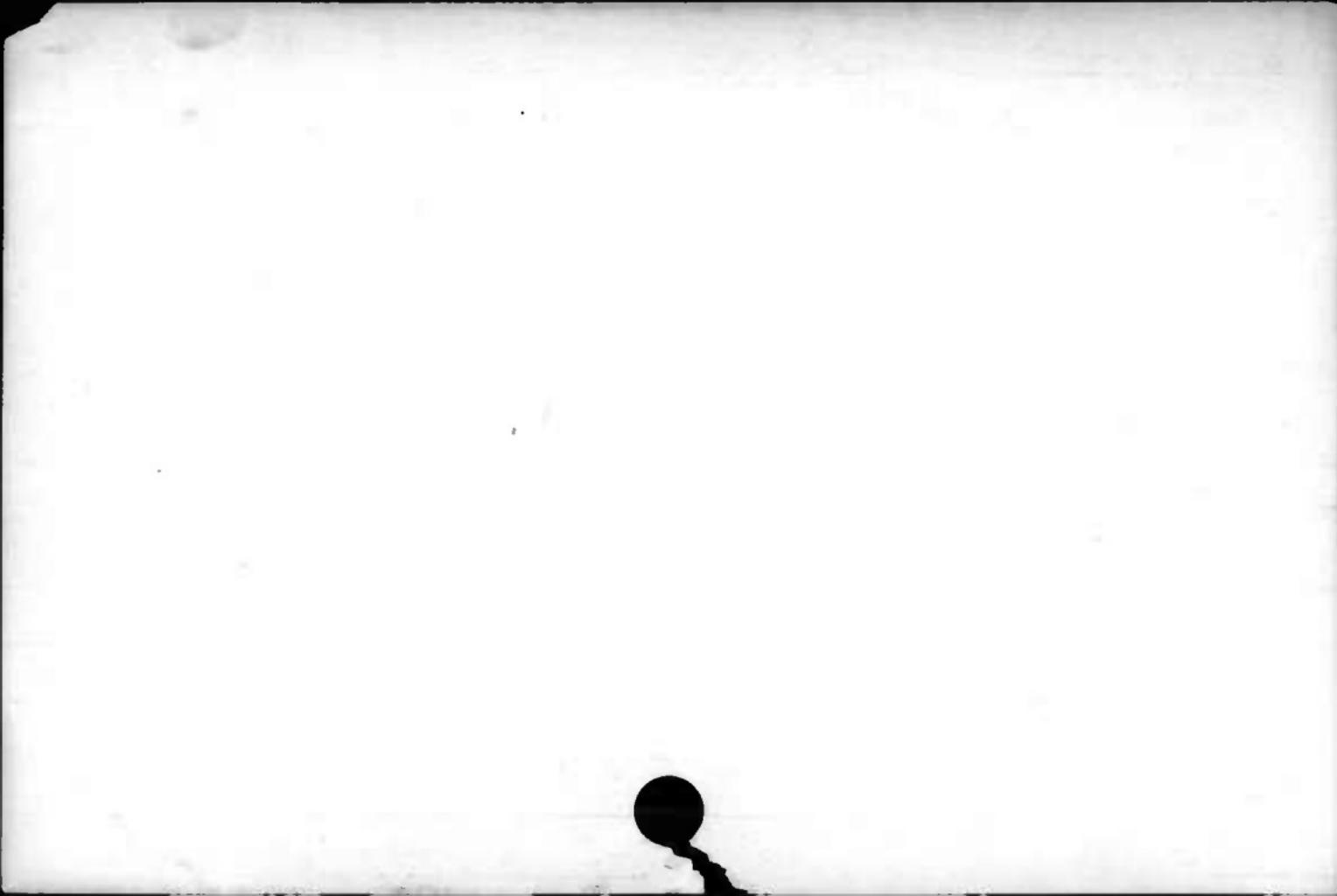
yes

Signature of Physician

Address

J. B. Blawie M.D.
Marion Station
Somerset County

Accident or Suicide?



Name
in
Full

Sarah Miller Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Rehoboth</u>		Town	County <u>Somerset Co.</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Sept.</u>	Day <u>19</u>	Age <u>50</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Somerset Co Md</u>				
Occupation <u>House laborer</u>		Where Residing if not at place of death <u>at place of death</u>				
Middle Single or Widowed	Name of Wife or Husband					
Father's Name <u>Isaac Collins</u>	Father's Birthplace <u>Somerset Co Ny</u>					
Mother's Maiden Name <u>Mariah Boston</u>	Mother's Birthplace <u>Worcester Co Ma</u>					
Name of person giving information <u>Murro King</u>	How related to deceased <u>Husband of wife</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic diarrhoea How long 4 months

Immediate Exhaustion by disease How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

I T Boston
Pocomoke City
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Raymond Peacock

County

CERTIFICATE OF DEATH

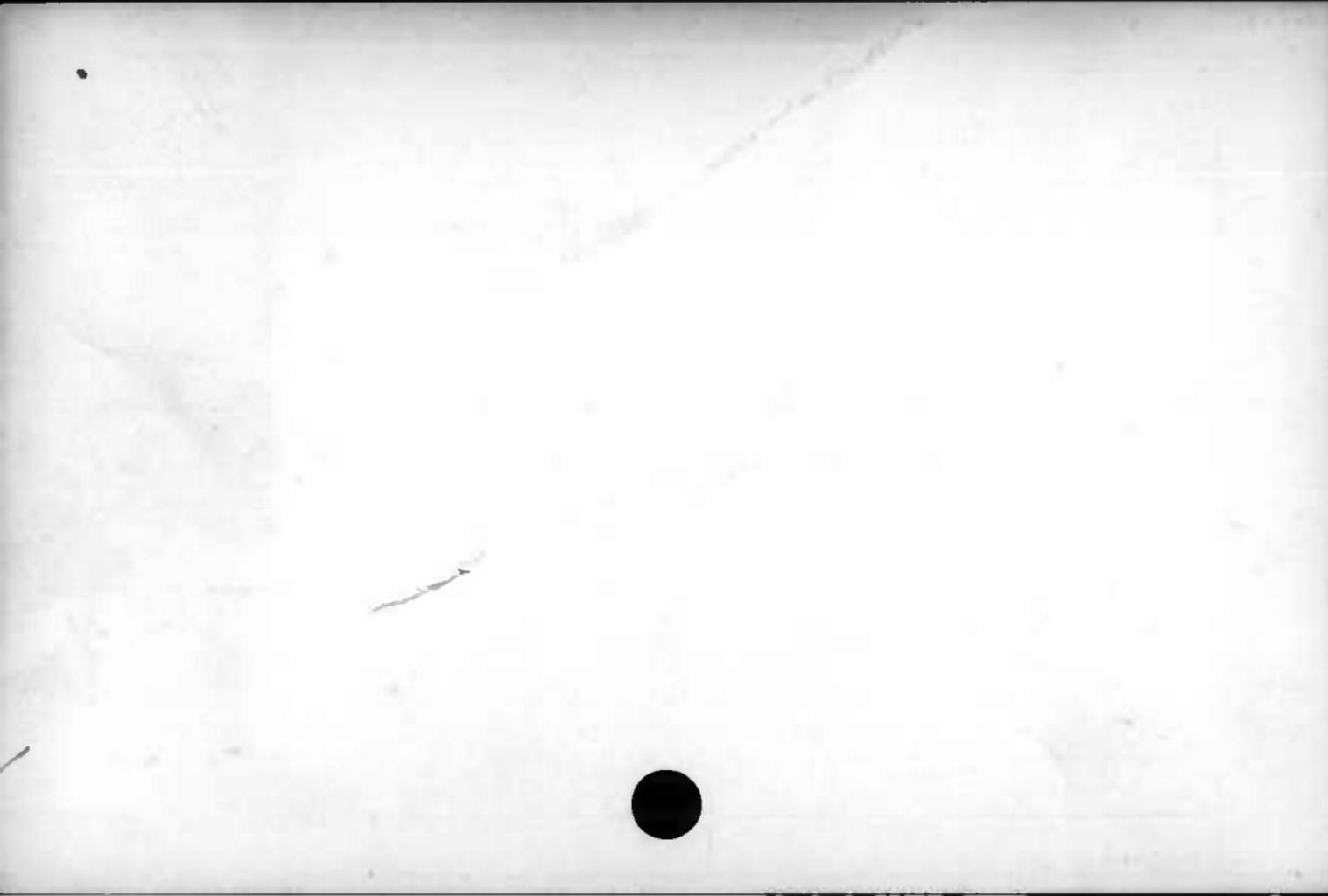
MARYLAND

Died at	Town				County		
Died at	Wellington Dublin Somerset				County		
Date of death 1903	Month Sept	Day 6	Age 21	Years	Months	Days	
Sex Male	Color or Race white				Birth-place Somerset Co.		
Married, Single or Widowed	Single			Occupation	Laborer		
Name of Wife or Husband							
Father's Name	Tom Peacock			Father's Birthplace	Somerset Co.		
Mother's Maiden Name	Mary Gibbons			Mother's Birthplace	" "		
Name of person giving Information	John Ross			How related to deceased	Neighbor		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ophthisis Pulmonaria		How long	a year
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Samuel S. Loomis	
		Address	Salisbury City Md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

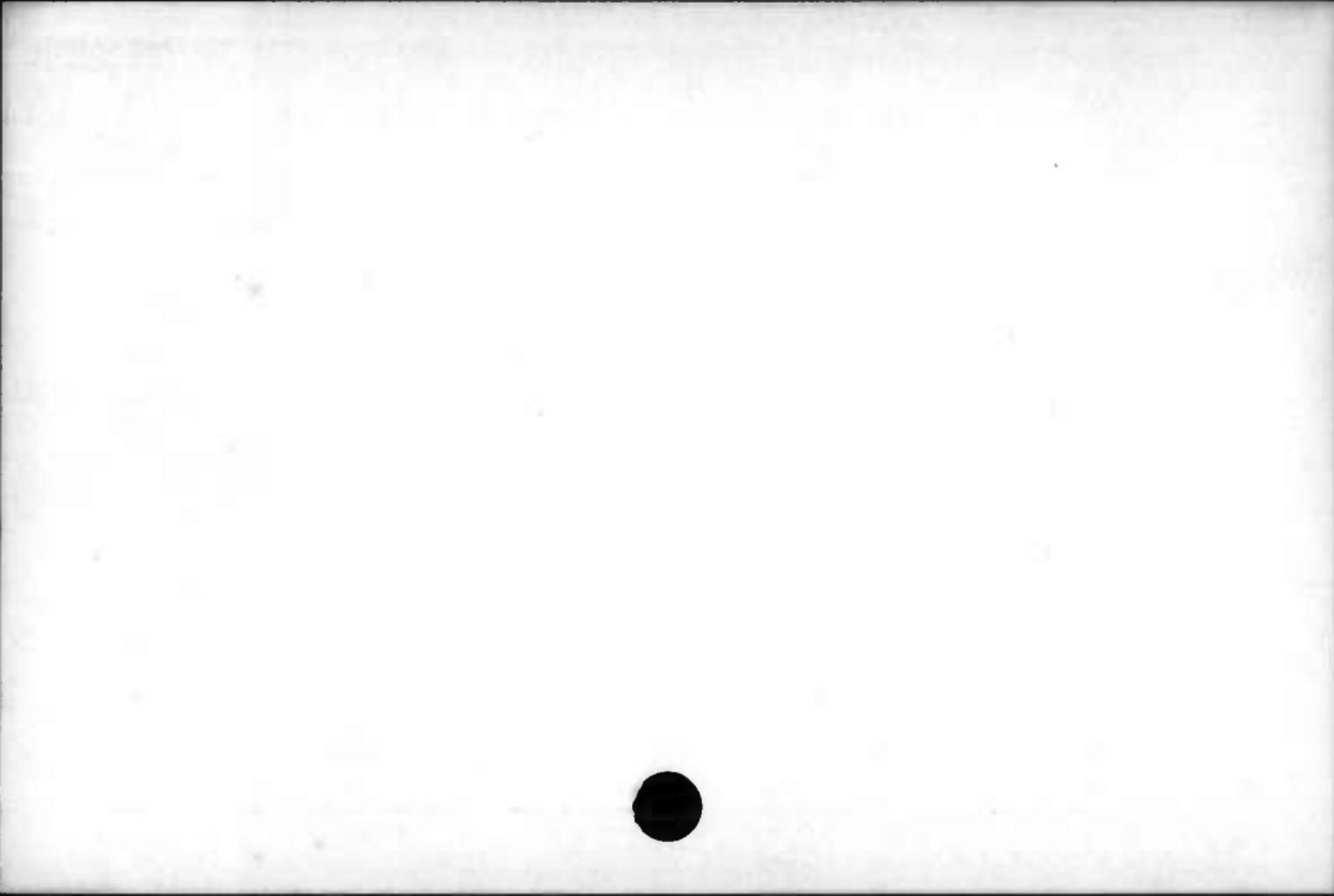
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month Sept	Years	Months
	Day 17	Age -	Days
Sex Boy	Color or Race White	Occupation	Birth-place Md
Married, Single or Widowed			
Name of Wife or Husband			
Father's Name	D. D. Porter	179	Father's Birthplace Md
Mother's Maiden Name	Cecilia Meece		Mother's Birthplace Md.
Name of person giving Information	Chris Porter		How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Vain-gow	How long	Same birth
Immediate	Bilious	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. J. Smith
		Address	111 N. Main Street
Accident or Suicide?			



Town

County

MARYLAND

Died at

Mareon

Month Day

Y. M. D.

Native of

Occupation

Date 19

Sept

25

Age
Married

65 yrs

Same as above

Male

Divorced

Colored

Single

Widower

Number of children living

Two

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth Pullet

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Dublin District

County

MARYLAND

Date
of death 1903

Month

Day

Years

72

Months

Days

Age

Sex

Femal

Color or
Race

Colored

Birth-
place

Somerset Co.

Married, Single
or Widowed

Married

Occupation

Housenife

Name of Wife or
Husband

Littletan Pullet

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

J. H. Young

64.

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Trempergia
Edentation

How long

5

Immediate

How long

8 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

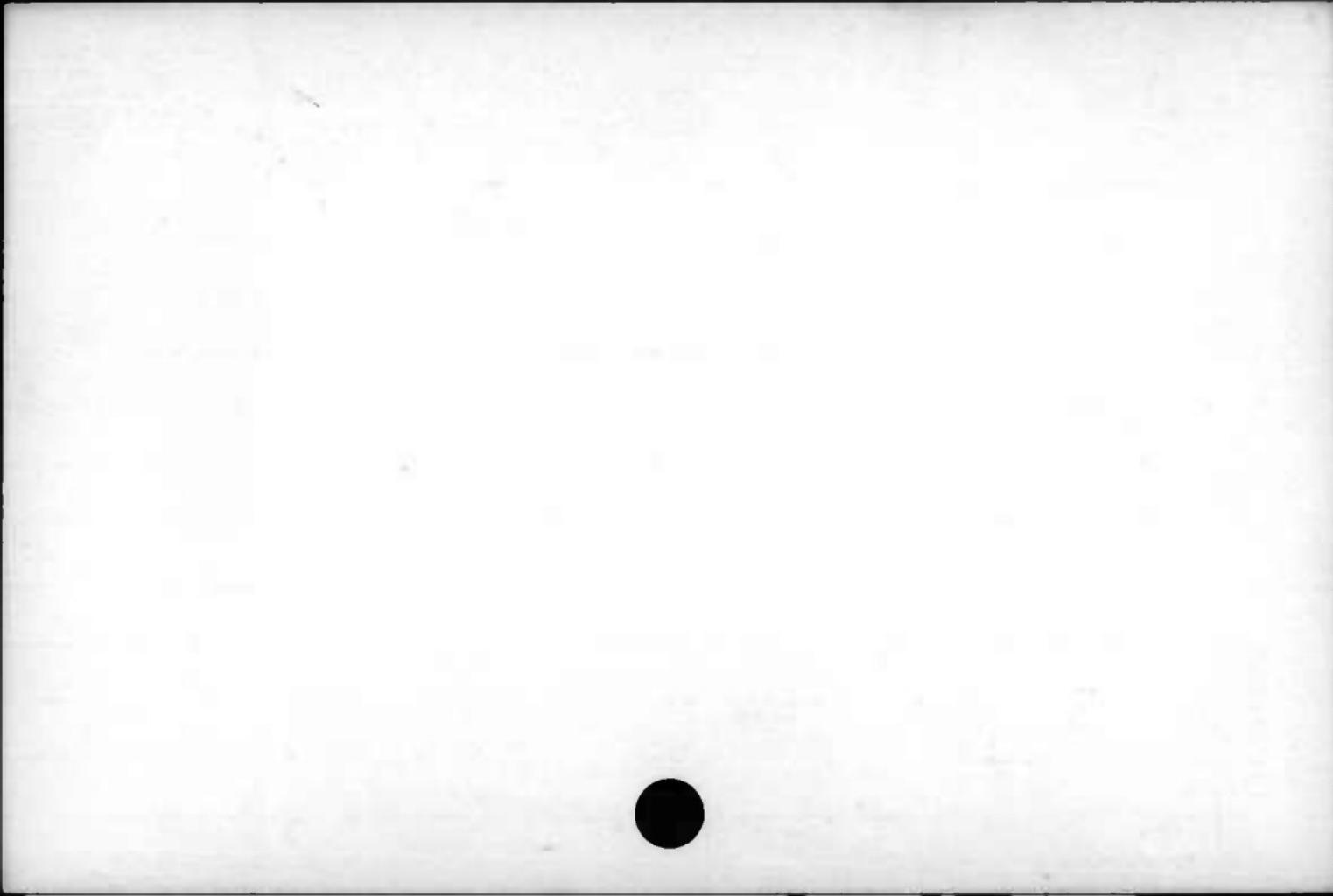
Signature of
Physician

Address

J. H. Wilson, M.D.

Pocomoke City
Worcester Co.

Accident or Suicide?



Name in Full

Certificate of Death

James H Ward

Town

County

Died at

Baltimore

Somerset

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Male

White

Age 41

—

Md

Occupation

Female

Colored

Married

Widow

Divorced

Single

Widower

Number of children living

8

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mary E. Ward

Mother's
Name

Sallie Ward

James H Ward

Primary Acute alcoholism

How long sick

one day

Immediate Convulsion

Accident, Suicide, Homicide

W H Hall

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lottie Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Poconos City</u>			County <u>Sussex</u>		MARYLAND	
Date of death 1903	Month 9	Day 25	Age 17	Years	Months	Days 22
Sex female	Color or Race	colored		Birth-place	Md.	
Married, Single or Widowed	single	Occupation		None		
Name of Wife or Husband						
Father's Name	<u>George Waters</u>			Father's Birthplace	Md.	
Mother's Maiden Name	<u>Mary Washington</u>			Mother's Birthplace	Md.	
Name of person giving information	<u>Sydney Waters</u>			How related to deceased	Sister	

CAUSES OF DEATH

Primary	<u>Tuberculosis</u>	How long	<u>3 months</u>
Immediate	<u>Exhaustion following hemorrhage</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>J. N. Willis</u>
		Address	<u>Poconos City Md.</u>
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

David William White					CERTIFICATE OF DEATH		
Died at Seal Island		County Somerset			MARYLAND		
Date of death 1903	Month Sept	Day 25	Years	Age	Months 2 mos.	Days	
Sex Male	Color or Race white				Birth-place Seal Island		
Married, Single or Widowed	Occupation						
Name of Wife or Husband							
Father's Name David Dunn	151			Father's Birthplace Md.			
Mother's Maiden Name Marcy White				Mother's Birthplace Md.			
Name of person giving information Marcy White				How related to deceased Mother			

CAUSES OF DEATH

Primary	Granulation		How long since birth
Immediate	Asphyxia		How long 2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician H.G. Alexander
			Address Seal Island, Md.
Yes -			
Accident or Suicide?			

